

Can FQHC's greatly expand access to dental care for Medicaid, BadgerCare, and the uninsured?

Yes, without a doubt

Is that a sufficient reason for supporting FQHC's?

Probably, but we should hold ourselves to a much higher (and harder to achieve) standard. For long term success we must:

1. Improve the oral health level in our low-income communities (eliminate the disparity)
2. Document lower per capita expenditures in sustaining the higher oral health level
3. Communicate the sustainability and value of this approach to taxpayers

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Getting to the finish line is hard when you are bogged down in the "Primacy of the Rescue"¹

¹One of the "dirty dozen" reasons we don't invest in prevention, from J Michael McGinnis, MD, MPP article, Does Proof Matter? Why Strong Evidence Sometimes Yields Weak Action. Am J Health Promot 2001;15(5):391-396.

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So how might we get to the finish line?

1. Understand that we cannot do this by ourselves – dentistry alone is unlikely to eliminate our oral health disparities.
2. Develop a critical mass of oral health professionals capable of serving the entire target population by utilizing:
 - The group practice concept
 - Engaging with the Marquette School of Dentistry to provide training opportunities “up north”
 - Recognizing that every practicing dentist and hygienist is important

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Getting to the finish line (continued)

3. Building strong working relationships with public health and the school system.
4. Turn to medicine for help. (The FQHC model is particularly well suited to integrate medical, dental, and behavioral health care.)

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Why Medicine?

- There are many health literacy issues that need to be addressed.
- There are barriers other than financial that keep people from going to the dentist.
- Opportunity (a high proportion of the population sees a physician each year).
- Obligation (to care for the patient) and increasing awareness of oral-systemic relationships.

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Medicine's recognition of the importance of oral health is key

A Few Examples

Study Finds Brushing Teeth Can Save Your Heart

"Our data provide evidence of a direct relationship between periodontal microbiology and subclinical atherosclerosis. This relationship exists independent of C-reactive protein."

(Ref: *Circulation*, 2005;111:576-582)

Periodontitis and Diabetes Interrelationships: Role of Inflammation

"The interrelationships between periodontitis and diabetes provide an example of systemic disease predisposing to oral infection, and once that infection is established, the oral infection exacerbates systemic disease. In this case, it may also be possible for the oral infection to predispose to systemic disease."

(Ref: *Ann Periodontol*, Vol 6, No 1, Dec 2001, 125-137)

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Medicine's recognition of the importance of oral health is key (continued)

Colonization of Dental Plaques, A Reservoir of Respiratory Pathogens for Hospital-Acquired Pneumonia in Institutionalized Elders

"Conclusions: These findings suggest that aerobic respiratory pathogens colonizing dental plaques may be an important reservoir for hospital-acquired pneumonia in institutionalized elders. Future studies are needed to delineate whether daily oral hygiene in hospitalized elderly would reduce the risk of nosocomial pneumonia in this frail population."

(Ref: CHEST/126/5/November, 2004,1575-1582)

Daily Oral Care and Cough Reflex Sensitivity in Elderly Nursing Home Patients

"Conclusion: Intensive oral care may reduce the incidence of pneumonia by improving cough reflex sensitivity in elderly nursing home patients." (Ref: CHEST/126/4/October, 2004,1066-1070) 9

How Can Medicine Help?

Historically,

- "Counseling patients to visit a dental care provider on a regular basis, floss daily, brush their teeth daily with a fluoride-containing toothpaste, ..."
- "Educating parents to curb the practice of putting infants and children to bed with a bottle..."
- "Appropriate dietary fluoride supplements are recommended for children living in communities with inadequate water fluoridation..."

Ref: U.S. Preventive Services Task Force. Guide to Clinical Preventive Services, 2nd ed. Baltimore: Williams & Wilkins, 1996.

How Can Medicine Help? (continued)

Today,

1. Counseling (still under utilized)
2. Application of fluoride varnishes (growing awareness)

In the future,

1. Combined medical/dental electronic record with decision support to maximize compliance with evidence based preventive health services
2. Dentists and hygienists working with primary care providers - more well-child checks, less extractions
3. Healthy smiles, better birth outcomes, better diabetic control, reduction in subclinical atherosclerosis and pneumonia...lower per capita costs

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I once described the state of oral health and oral health care as a train wreck.

I'd like to thank the Task Force for not just understanding the 'Primacy of the Rescue' but also for your courage to make recommendations to begin to fix the tracks.

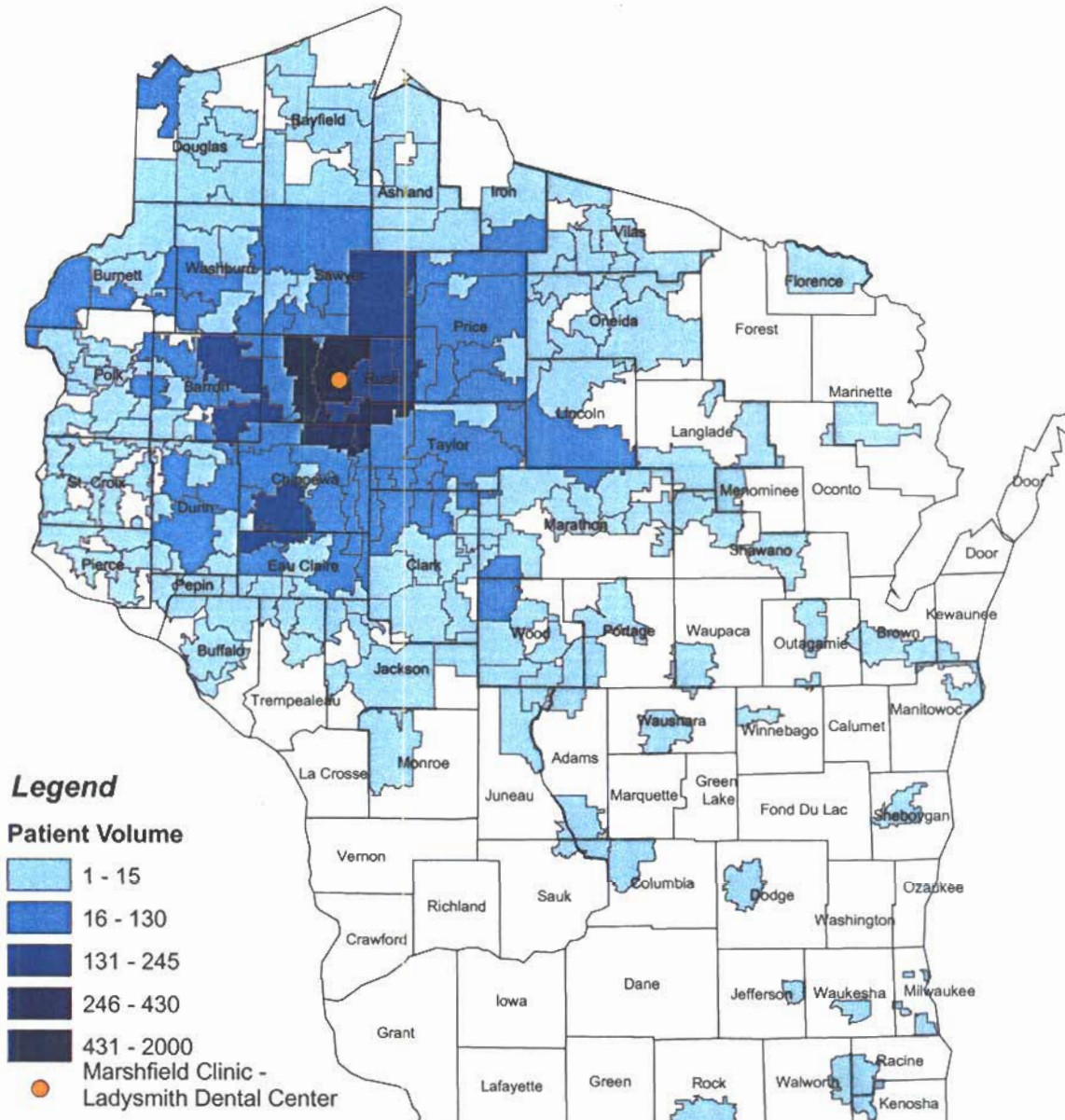
Let's, at a minimum, prevent the caries we cannot fix tomorrow.

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Unique Patients Treated by Zip Code

Marshfield Clinic - Ladysmith Dental Center

November 2002 - September 2004



Data represents 7,838 dental patients out of 7,891 treated where zip code was identified.

Map prepared October 2004 by Family Health Center of Marshfield, Inc.